

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046638

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3777

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 16 1963

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Kirkwood, Mo.

Length of stay in lb  
D.O.A.

c. CITY  
OR  
TOWN

St. Louis County

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Joseph Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

10542 Edgefield

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
Roy

Middle  
L.

Last  
Waldorf

4. DATE  
OF  
DEATH

Month  
December

Day  
9

Year  
1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
10/1/1901

9. AGE (last birthday)  
62

IF UNDER 1 YEAR  
Months 2 Days 8 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

William Joseph Waldorf

13b. MOTHER'S MAIDEN NAME

Harriet Berry

14. NAME OF HUSBAND OR WIFE

Agnes Anne Waldorf

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Mrs. Agnes Anne Waldorf

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN  
ONSET AND DEATH  
10 Hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Atherosclerotic heart disease

12 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 15, 1951 to Dec 9, 1963 and last saw him alive on Dec 4, 1963  
Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Bordelle Eck

(Degree or title)

22b. ADDRESS

950 Francis Pl

22c. DATE SIGNED

Dec 10, 1963

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

12/12/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arthur J. Donnelly 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.

12-11-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1 4003

2 4000

3

4 0

5 1

6

7 1

8 2

9 4200

10

11

12 92-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

4003  
4004

0 - 1 - 4

0-22